



State Financial Assistance
 Non-Profit Total Compensation Paid
 Using State Funds

Upon completion, email a
 copy of this form to:
ocigsfa@fdle.state.fl.us

Grant #: _____ **Expenditure #:** _____

Recipient: _____

Reporting Period: _____

Individual Name and Title: _____

Pursuant to Section 216.1366, Florida Statutes, contracts executed, amended, or extended on or after July 1, 2023 with non-profit organizations, as defined in Section 215.97(2)(m), Florida Statutes, require recipients to provide documentation indicating, for each payment, the amount of remuneration of any member of the board of directors or an officer of the recipient (CEO, CFO, COO, or any other position performing an equivalent function), regardless of whether salary is paid via state funds or the recipient's funds.

In order to comply with this requirement and avoid a delay in payment for eligible services, the recipient must provide this completed certification to the grant manager with each payment request. If multiple individuals qualifying as a member of the board of directors or an officer of the recipient is receiving remuneration with state funds, a separate form for each individual must be submitted with the payment request.

Budget Category	Amount Paid from All Sources	Amount Paid from State Funds
Salaries		
Fringe Benefits		
Bonuses		
Accrued Paid Time Off		
Severance Payments		
Retirement Contributions		
In-kind Payments		
Incentive Payments		
Reimbursements/Allowances	Amount Paid from All Sources	Amount Paid from State Funds
Moving Expenses		
Transportation Costs		
Telephone Services		
Medical Services Costs		
Housing Costs		
Meals		
Grand Total		

I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Signature: _____ **Date:** _____

Typed Name: _____ **Title:** _____